

Name  
in  
Full

Leonisa Anderson

CERTIFICATE OF DEATH

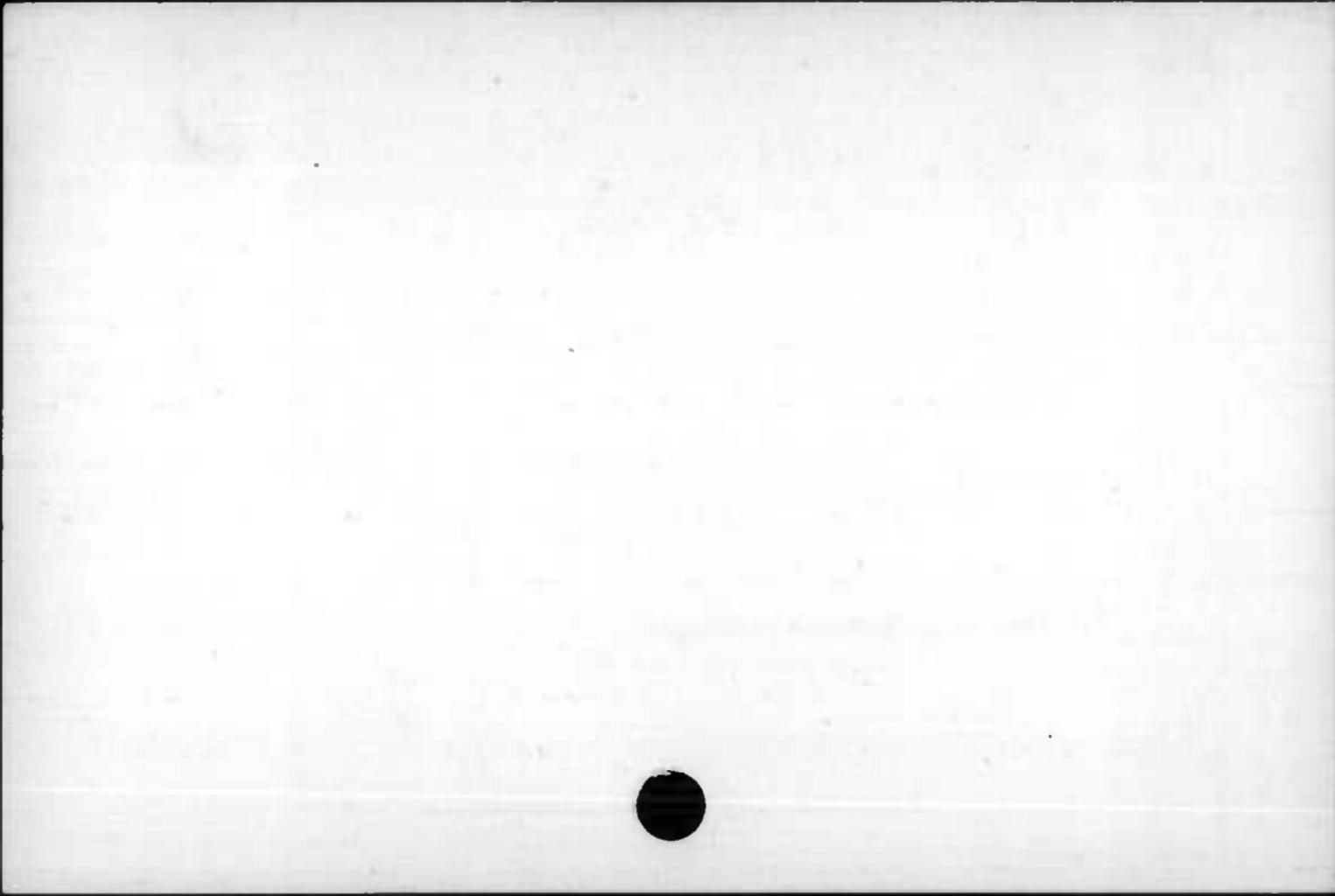
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Feb	Day 27 <sup>th</sup>	Years 78	Months	Days
Sex	Female	Color or Race	Mulatto		Birth-place Somerset Co. Md.	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	John Anderson			
Father's Name	Hayman		Father's Birthplace		Somerset Co. Md.	
Mother's Maiden Name	Cecilia Hayman		Mother's Birthplace			
Name of person giving Information	Mary Brown		How related to deceased		Daughter	

CAUSES OF DEATH

64

Primary	Arterio-sclerosis	
Immediate	Cerebral hemorrhage	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

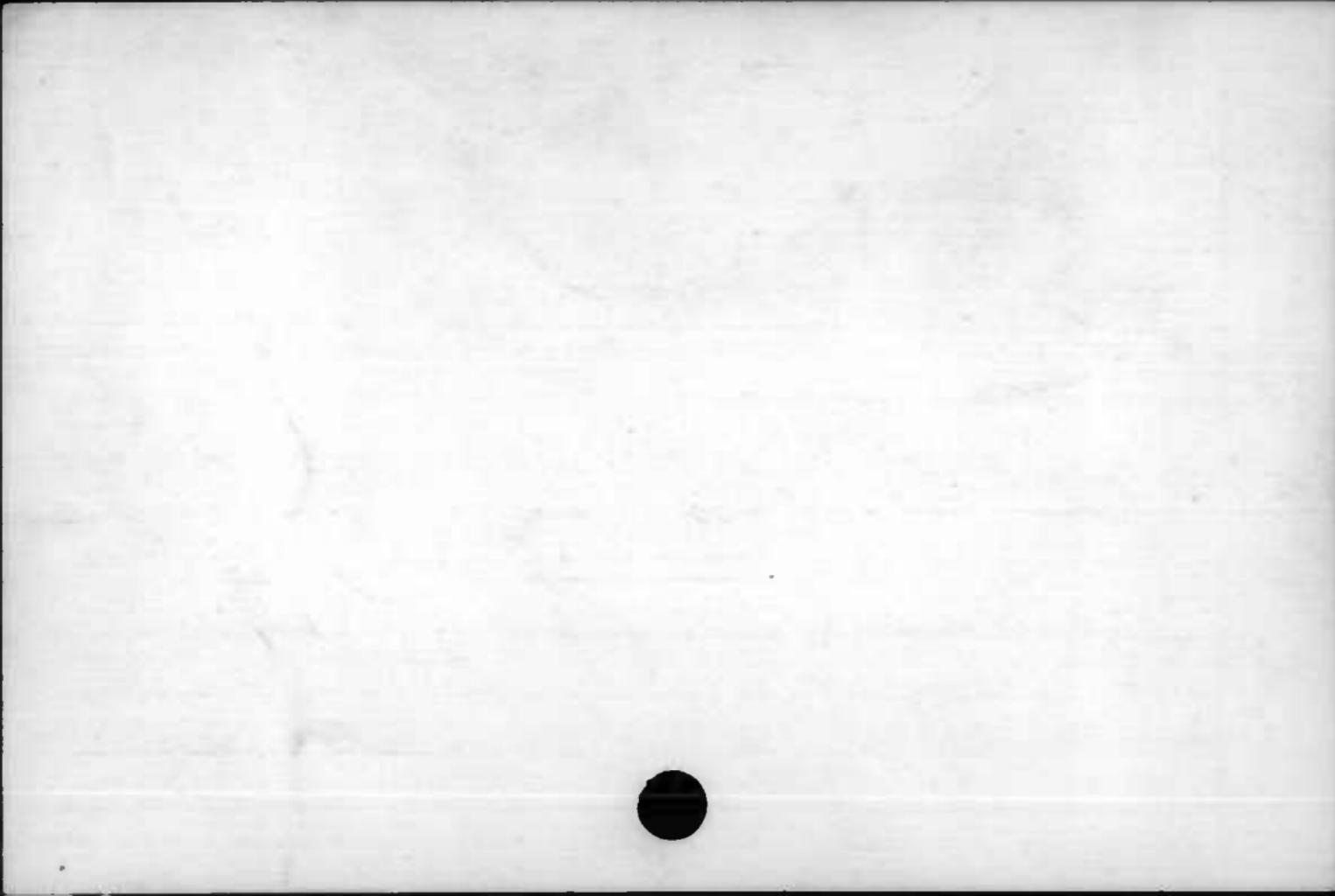


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant of Louis M. Chatham					CERTIFICATE OF DEATH	
Died at	O'Halland Town		O'Halland County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	White		Birth-place	O'Halland
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Wicomico Co. Md.	
Mother's Maiden Name	Lorenette A. Townsend			Mother's Birthplace	" " "	
Name of person giving information	Lorenette A. Townsend			How related to deceased	Mother	
CAUSES OF DEATH						
Primary	Whooping Cough			(8)	How long	
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician		J. J. Long		
		Address		Allentown		
Accident or Suicide?						



Name  
in  
Full

Dellie Gordery

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		Town	County <u>Micoma</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>29</u>	Age <u>69</u>	Years <u>69</u>	Months <u>2</u>	Days <u>11</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Del</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	<u>William T Gordery</u>					
Father's Name	<u>Leviom Bradley</u>						Father's Birthplace <u>Del</u>
Mother's Maiden Name	<u>Elizabeth Hoddix</u>						Mother's Birthplace <u>Del</u>
Name of person giving information	<u>Lena Parker</u>						How related to deceased <u>Daughter</u>

CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

Primary <u>Carcinoma of bowel</u>	How long <u>1 yr or</u>
Immediate <u>Exhaustion</u>	How long <u>Hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	<u>J. M. Gordery</u>
Address	<u>Baltimore</u>
Accident or Suicide?	<u>No</u>

H

For Hallway & Co

Name  
in  
Full

Herman R Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Zebulon J Davis				
Mother's Maiden Name	Jemima Truett				
Name of person giving information	William J Davis				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Consumption

How long  
18 months

Immediate

Physical Exhaustion

How long  
2 Days

Are the name, age, sex, color, date and place correctly given above?

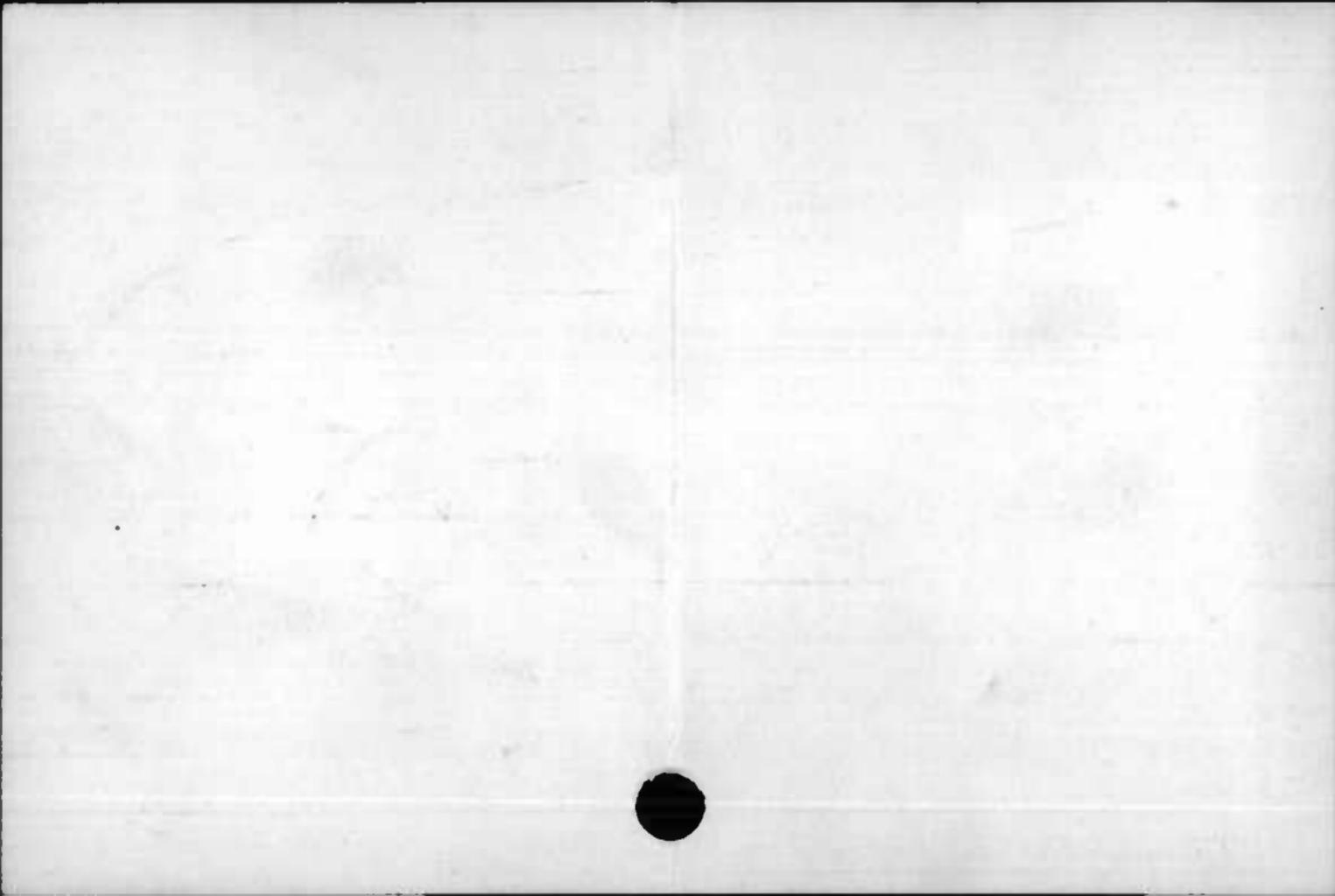
Signature of Physician

Yes

Address

Dr. G. W. Truett,  
Parson'sburg,  
Wicomico Co., Md.

Accident or Suicide?



Name  
in  
Full

Maria E Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	near Salisbury R.H. #4 Wicomico			County		
Date of death	Month	Day	Years	Months	Days	
Sex	Female		Color or Race	White		
Occupation				Birth-place	Md	
Married, Single or Widowed	Name of Wife Husband			Where Residing if not at place of death		
Father's Name	James Parker			Father's Birthplace	Md	
Mother's Maiden Name	Elisabeth Kelley			Mother's Birthplace	Md	
Name of person giving information	Eben H Parker			How related to deceased	Brother	

Cancer of liver.

CAUSES OF DEATH

Metastasis in skin.

Primary	Epithelioma Cancer			How long	2 years	
Immediate	Physical Exhaustion			How long	1 month	
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Dr. G. H. Truitt	
				Address	Parsonsburg Md	
				Wicomico Co		
H			Accident or Suicide?			



Name  
in  
Full

Ibby Dickson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married Single or Widowed	Name of Wife or Husband	Dennis, Dickson			
Father's Name	Johnnun				
Mother's Maiden Name	Ibby, Harvey				
Name of person giving Information	Wm H. Dickson				

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

18 months

Immediate

Unknown.

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

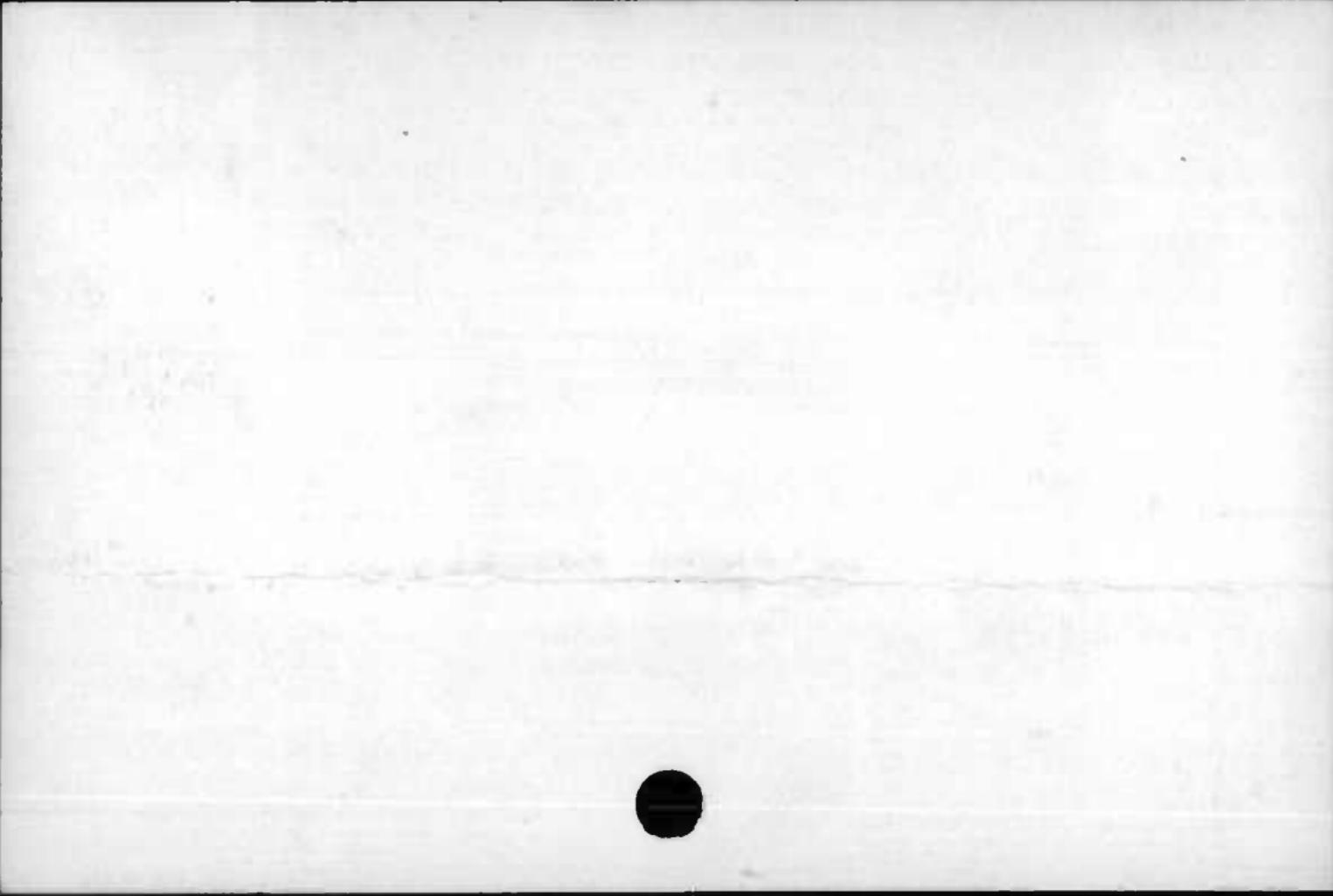
Signature of Physician

J. L. English coroner

Address

Mardella s/p/g Md

Accident or Suicide?



Mildred V. Fletcher

## CERTIFICATE OF DEATH

Died at	Shad Point	Town	Wicomico	County	MARYLAND		
Date of death	1908	Month July	Day 1st	Years 2	Months 7	Days 0	
Sex	Female	Color or Race	White	Birth-place	Shad Point Md.		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Deale Island Md.		
Mother's Maiden Name	Daisie M. Kibble	Mother's Birthplace	Shad Point Md.				
Name of person giving Information	Mildred Fletcher	How related to deceased	Father				

## CAUSES OF DEATH

(8)

Primary whooping-cough  
Immediate Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

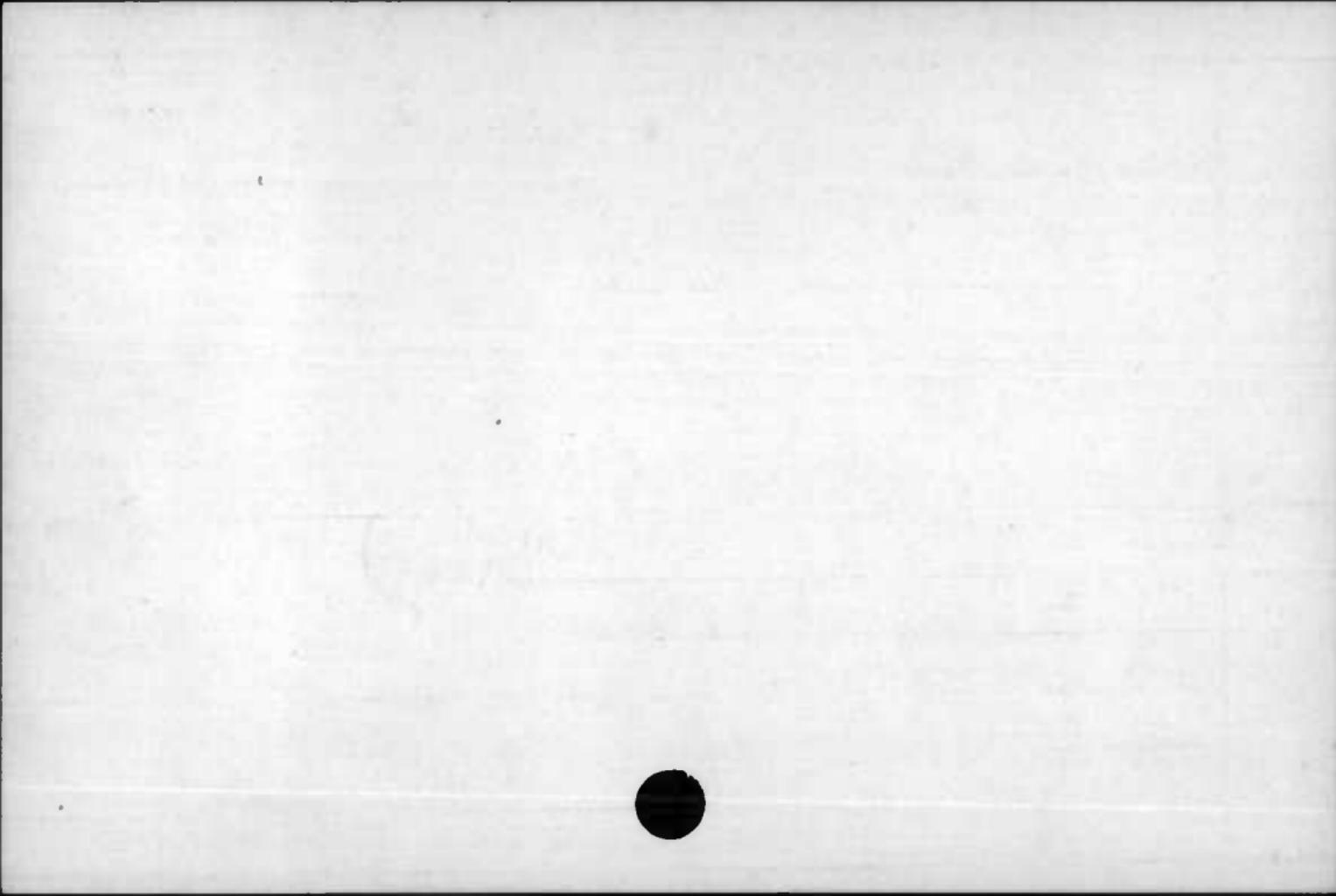
In answer  
for hours

How long

Mildred V.  
Salisbury, Md

Accident or Suicide?





Name  
in  
Full

Lora A. P. Tuck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

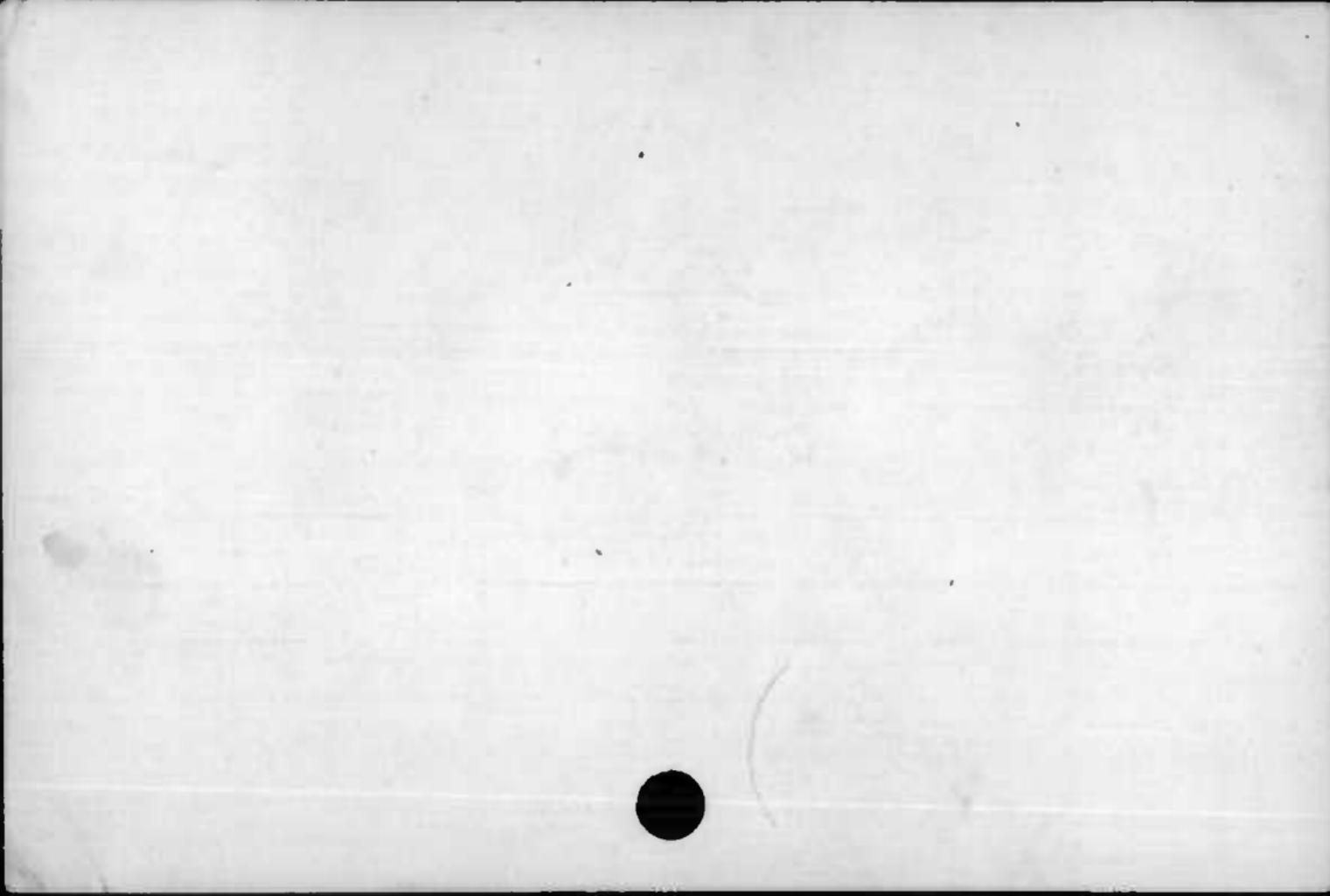
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	43	3	27	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Laguna 76 Maryland				
Father's Name	W. J. Darling					Father's Birthplace
Mother's Maiden Name	Rachel E. Weiss					Mother's Birthplace
Name of person giving Information	James W. Tuck					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Aphoplexy (Cerebral)			How long	short time
Immediate	Hemorrhage			How long	short time
Are the name, age, sex, color, date and place correctly given above?			Geo. H. Peterson, M.D.	Bivalve, Md	
Yes			Signature of Physician	Address	
Accident or Suicide?					

64



Name  
in  
Full

B. A. Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at 8 Hebron	Wisconsin					
Date of death 1908	Month Feb	Day 6	Years 22	Months -	Days -	
Sex Female	Color or Race white	Birthplace Maryland				
Occupation Operator in shirt factory			Where Residing if not at place of death			
Married, Single or Widowed married	Name of Wife or Husband Terania Hall					
Father's Name C. J. Gaylon	Father's Birthplace Maryland					
Mother's Maiden Name M. R. Gaylon	Mother's Birthplace Maryland					
Name of person giving information E. J. Gaylon	How related to deceased Father					

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Tuberculosis

1 year

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

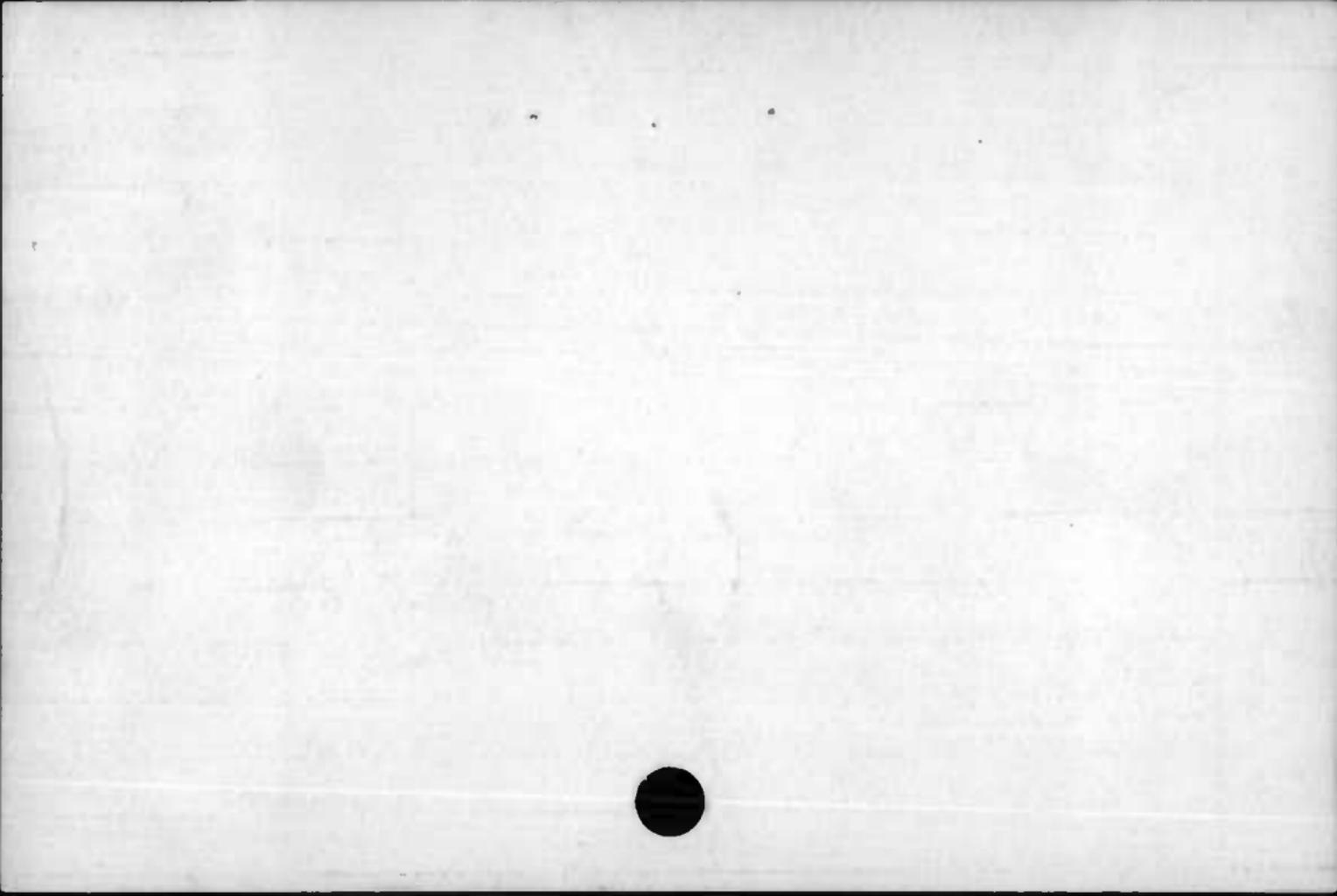
H. C. Connaway

Address

Hebron  
Md



Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Mary J Jones

Town

Died at

Bethany

County

CERTIFICATE OF DEATH

MARYLAND

Date

of death

1908 Feb

Month

Day

Years

72

Months

11

Days

11

Age

Sex

Female

Color or  
Race

White

Birth-  
place

Del

Occupation

Housework

Where Residing if not  
at place of death

Pittsville Md

Married, Single  
or Widowed

Name of Wife or  
Husband

Grenia B Jones

Father's  
Name

John West

Father's  
Birthplace

Del

Mother's  
Maiden Name

Ellen Pepper

Mother's  
Birthplace

Del

Name of person giving  
Information

Archibald Jones

Associated  
to deceased

Son

CAUSES OF DEATH

46

Primary

Abdominal tumor (malignant?)

How long

Don't know

Immediate

Paralysis (Right hemiplegic)

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

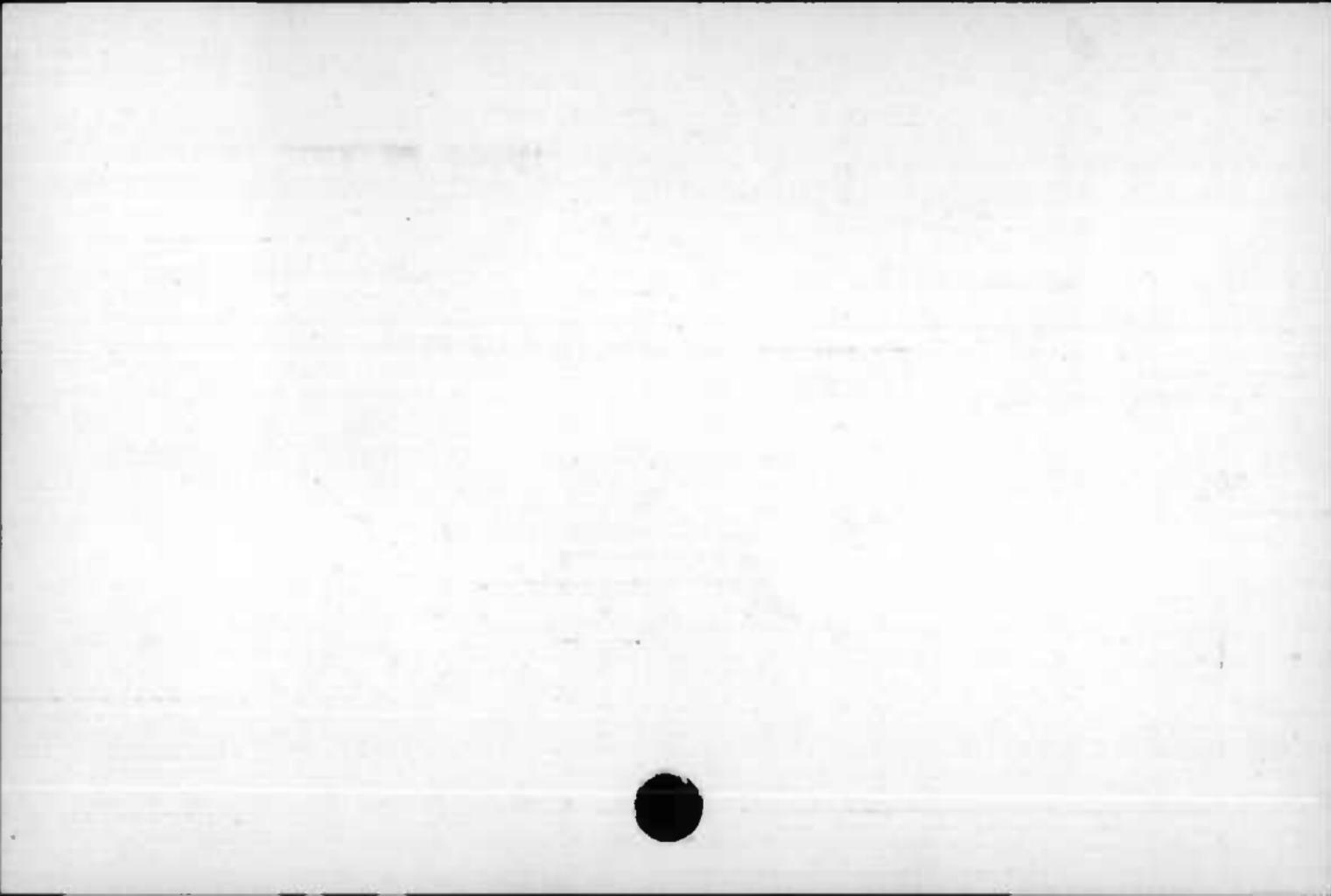
Signature of  
Physician

Louis W. Morris M.D.

Address

Delaware St.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Mary E. Kennedy

CERTIFICATE OF DEATH

Died at	Town	Wiemers		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	2	2	59	-	-	
Sex	Female	Color or Race	white	Birth-place	Del,	
Occupation	Lady	Where Residing if not at place of death			Md,	
Married, Single or Widowed	Married	Name of Wife or Husband	Isaac J. Kennedy	Father's Birthplace	Del	
Father's Name	Roger Philips				Mother's Birthplace	
Mother's Maiden Name	Meriah Gravener				How related to deceased	
Name of person giving information	I. J. Kennedy				Husband	

CAUSES OF DEATH

27

Primary Consumption  
How long 2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

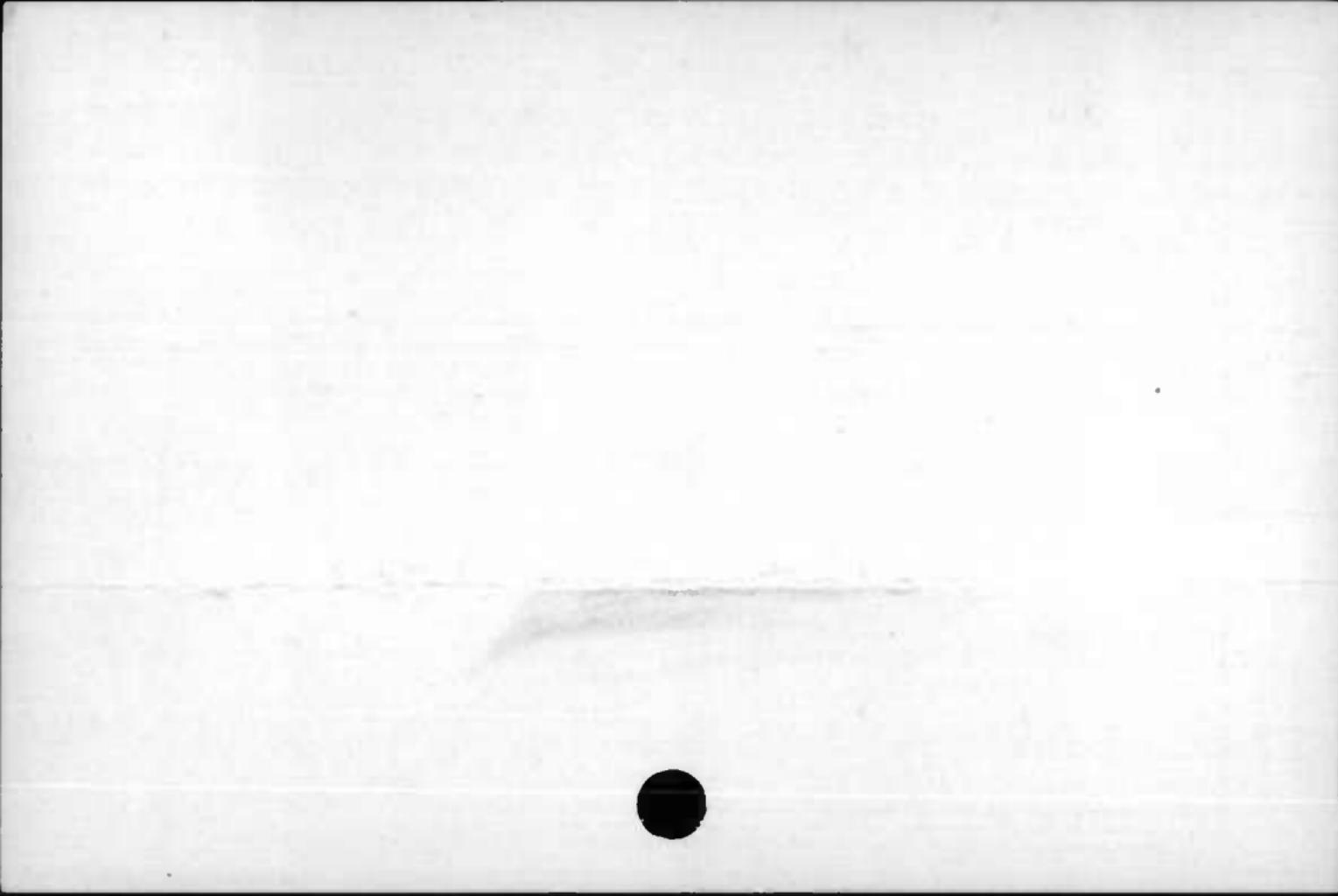
Signature of Physician

Yes

Address

Isaac English coroner  
Mardela Bogo  
Md

Accident or Suicide?



Name  
in  
Full

Virginia M Linett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury		Town	Wisconsin		County.	MARYLAND		
Date of death	1908	Month Sept	Day 22	Age	Years	Months	Days	
Sex	Female	Color or Race	White		Birth-place	Salisbury Md		
Occupation			Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			Father's Name	Edward S Linett		
Mother's Maiden Name		Name of Husband			Father's Birthplace	Norway		
Name of person giving information		Name of Father			Mother's Birthplace	Md		
Edward S Linett		Father			How related to deceased	54		

PHYSICIAN  
OR CORONER

Primary

Anæmia

How long

6 mth.

Immediate

Exhaustion

How long

For days

Are the name, age, sex, color, date and place correctly given above?

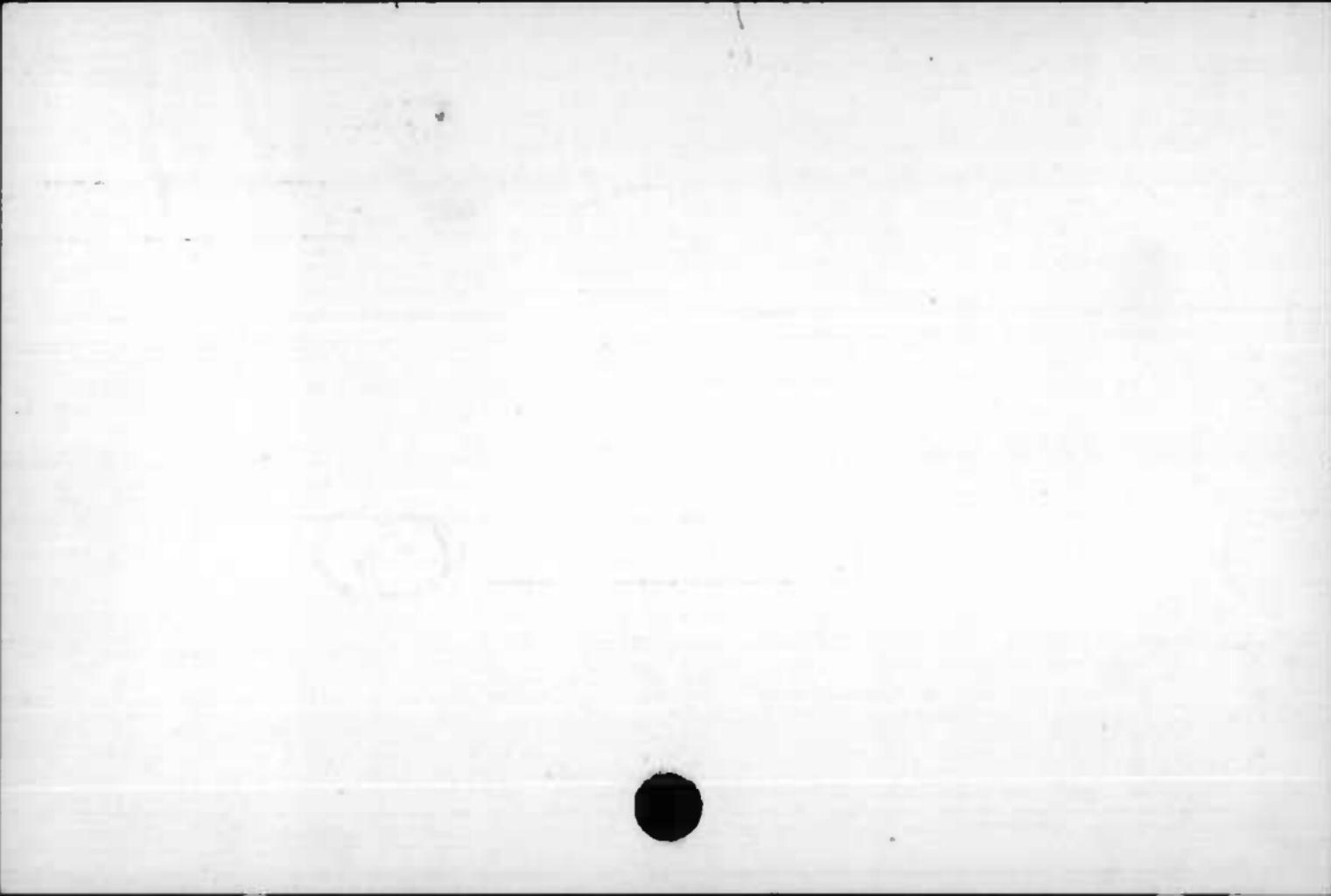
Yes

Signature of Physician

Address

Edward S.  
Salisbury Md

Accident or Suicide?



Name  
in  
Full

Noah W. Majors

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1908	Feb.	4th	Age 47
Sex	Male	Color or Race	White Birth-place Wicomico Co. Md.
Occupation	Farmer	Where Residing if not at place of death	Near Spring Hill Md.
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Majors
Father's Name	Kendall Majors	Father's Birthplace	Wicomico Co. Md.
Mother's Maiden Name	Mary Olpha	Mother's Birthplace	" "
Name of person giving information	James Majors	How related deceased	Brother

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary  
Killed outright: loading mine-bags  
Immediate Accident while Loading

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H

Accident or Suicide?



Name  
in  
Full

Samuel W. Messick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

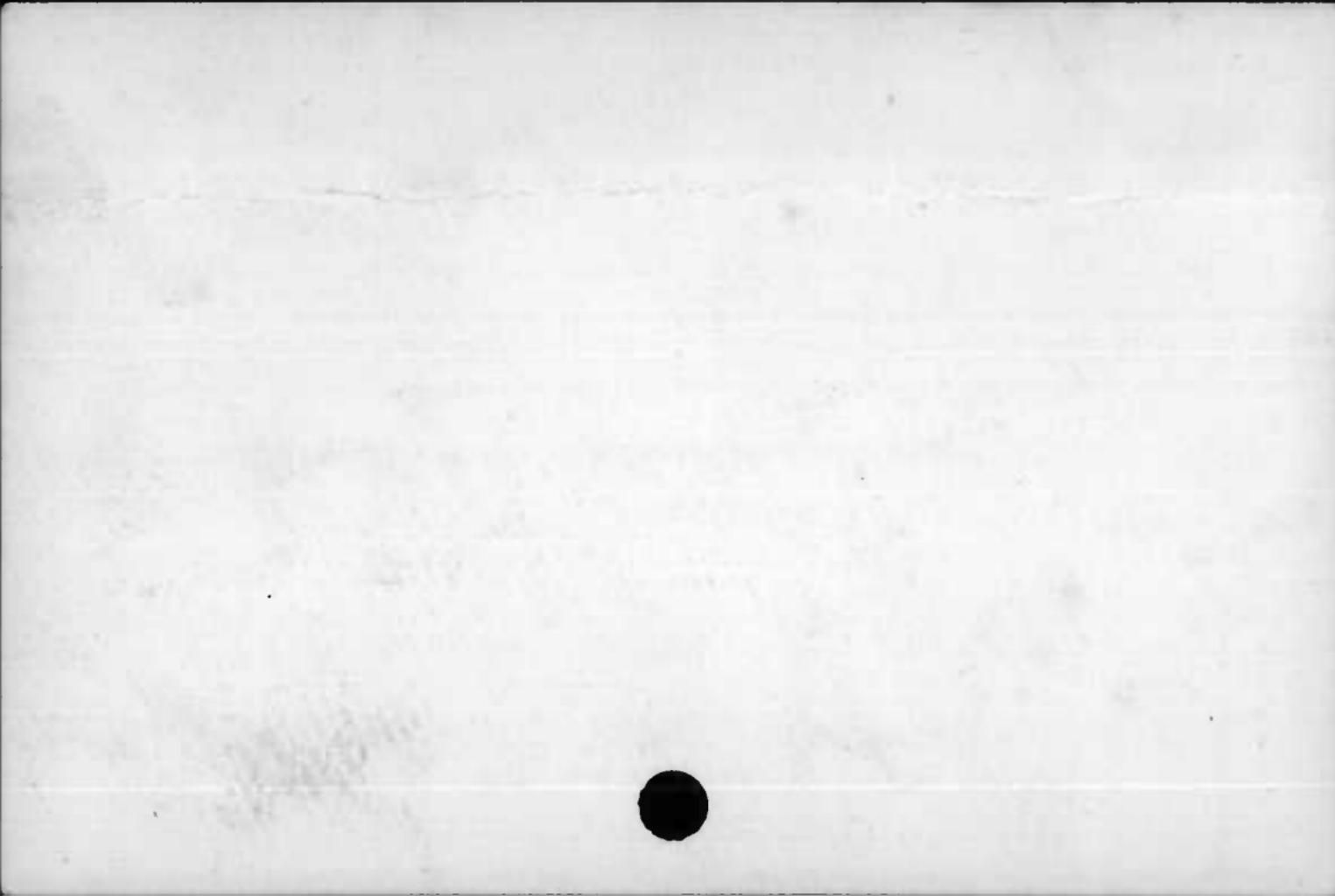
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Feb.	10	39	1	9
Sex	Male	Color or Race	White	Birth-place	Nanticoke
Occupation	Carpenter	Where Residing if not at place of death	Tyaskino		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Samuel W. Messick			Father's Birthplace	Tyaskino
Mother's Maiden Name	Martha Barkley.			Mother's Birthplace	Nanticoke
Name of person giving information	Pearl Messick			How related to deceased	Sister

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	8 years
Immediate	Paleo pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Bishop M.D.
		Address	Nanticoke
Accident or Suicide?		No.	



Name  
in  
Full

Bessie Neister

CERTIFICATE OF DEATH

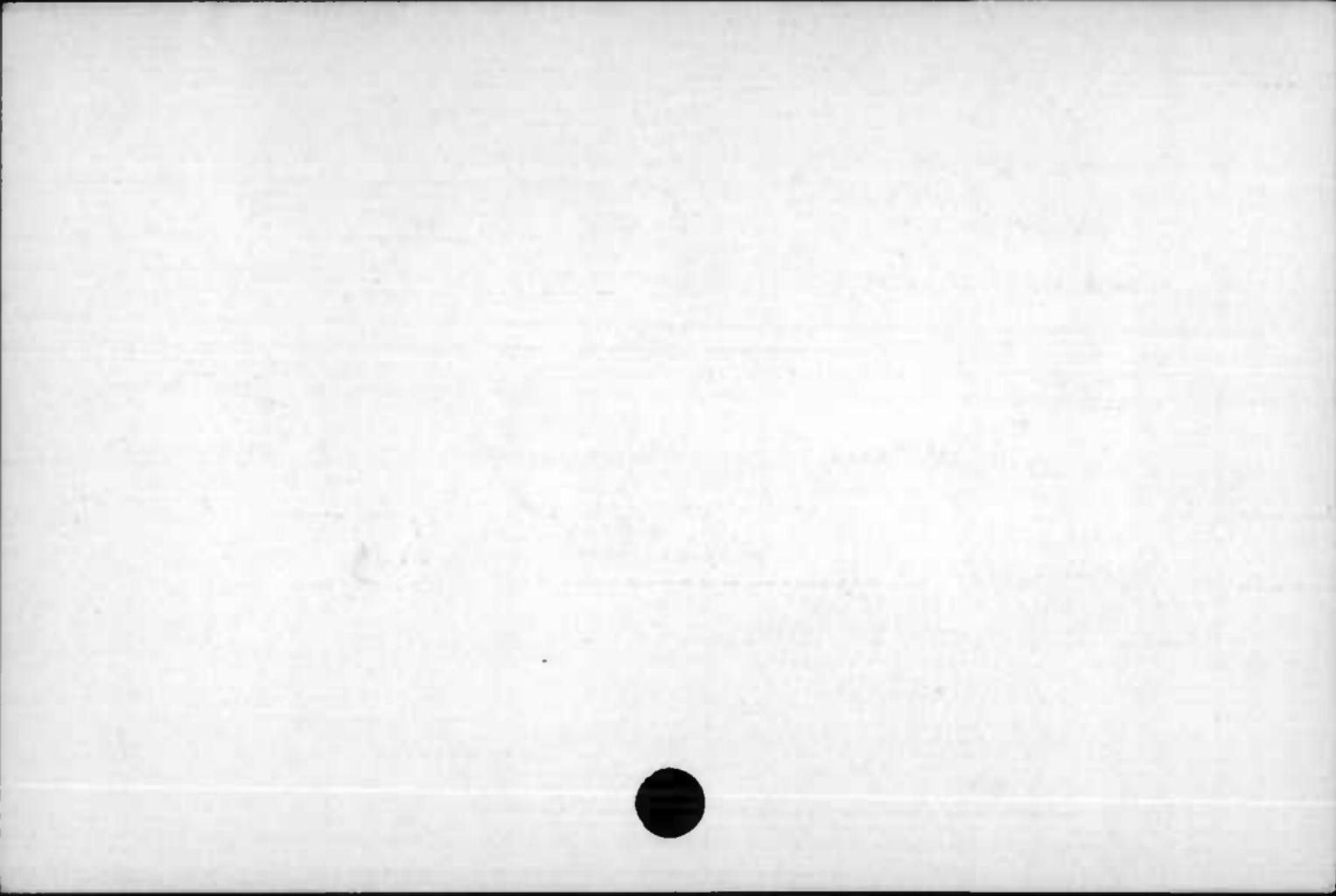
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Year	Months Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife Husband	VA				
Father's Name	W. F. Neister					Father's Birthplace
Mother's Maiden Name	Ida Neister					Mother's Birthplace
Name of person giving information	Facter					How related to deceased
CAUSES OF DEATH						
Primary	Appendicitis					How long
Immediate	Appendectomy, shock.					4 days
How long						
15 hours						
Are the name, age, sex, color, date and place correctly given above?						
yes						
Signature of Physician						
Address						
Loris C. Neister M.D.						
Baltimore Md.						
(Signature)						
118						

PHYSICIAN  
OR CORONER

(Signature)

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Solomon J. Moore

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Where Residing if not at place of death	Birth-place	
Occupation	Name of Wife or Husband				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Stanley		Father's Birthplace	Dont know	
Mother's Maiden Name	Mary Bung		Mother's Birthplace	11	11
Name of person giving information	James A. Moore		How related to deceased	Son.	

CAUSES OF DEATH

179

How long

How long

Primary

Dont know

Immediate

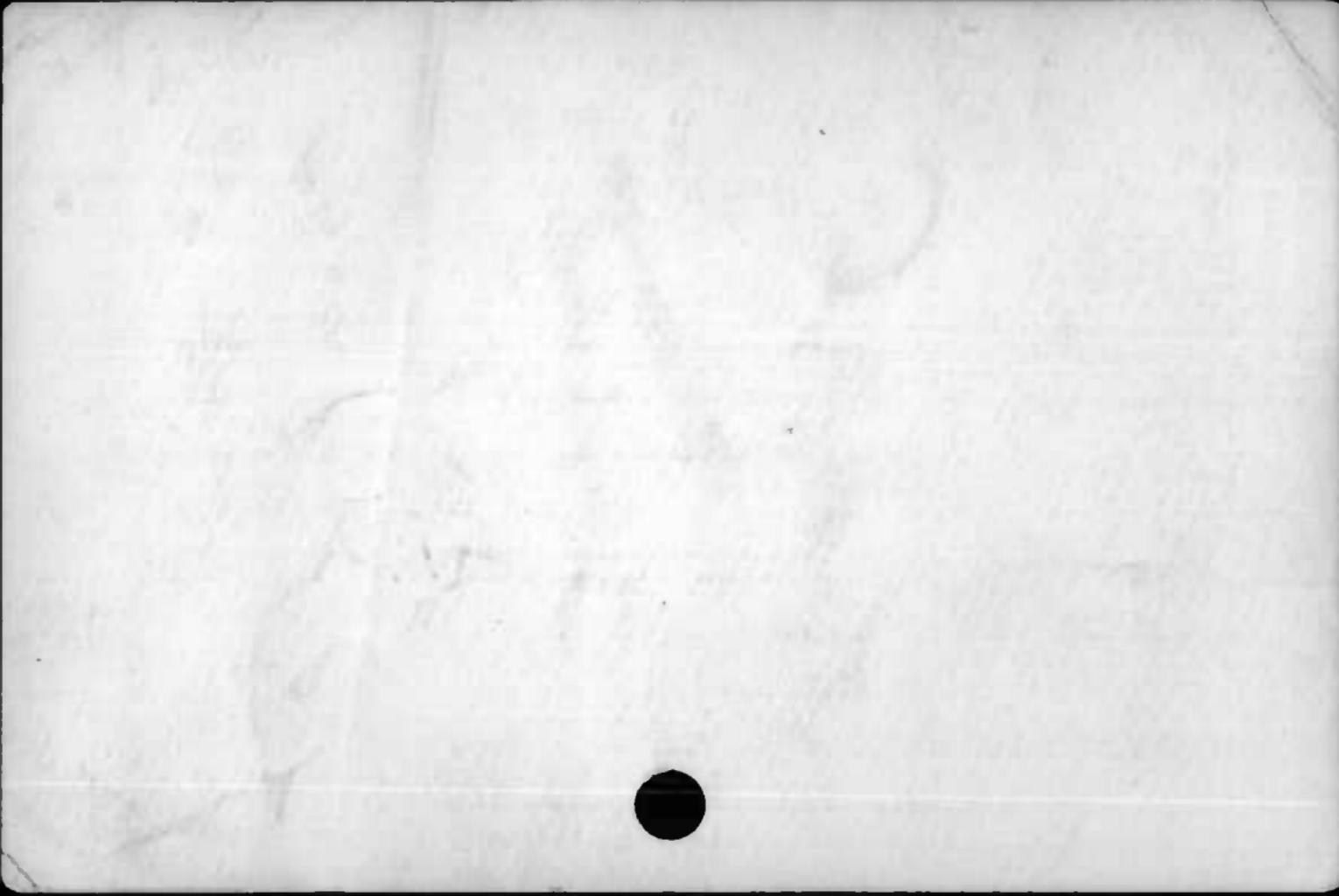
Cardiac failure ✓

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Sarah E Phiffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death 190

Month

Day

Years

Months

Days

Age

5

Color or  
Race

Birth-  
place

Sex

Female

Baltimore

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Birthplace

Father's  
Name

Isaac Phiffin

Don't know

Mother's  
Maiden Name

Don't know

Name of person giving  
Information

Mother's  
Birthplace

Don't know

How related  
to deceased

Daughter

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

18 months

Immediate

Bright's Disease

How long

18 months

Are the name, age, sex, color, date  
and place correctly given above?

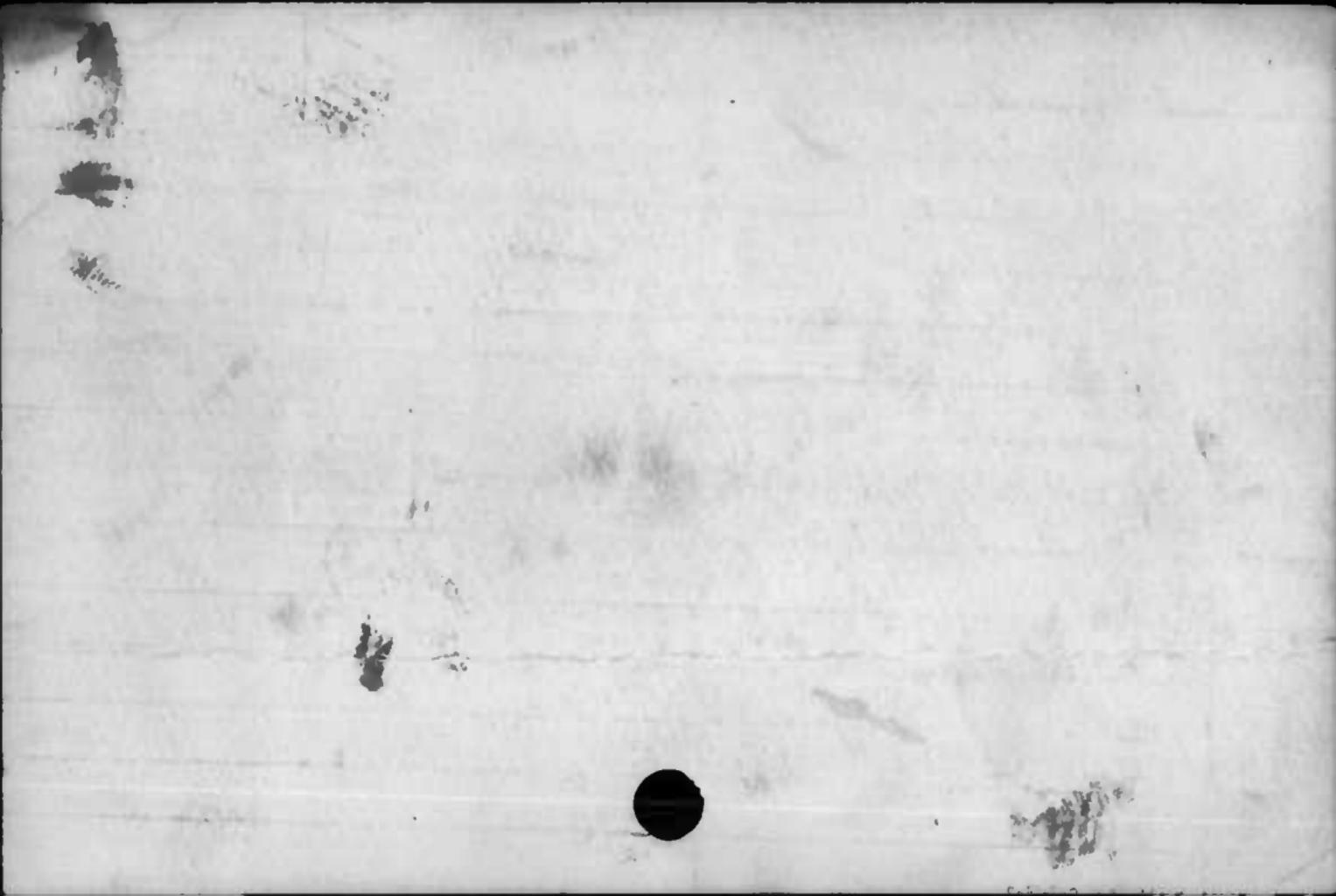
Yes

Signature of  
Physician

Address

Robert Elligood M.D.  
Delmar Del

PHYSICIAN  
OR CORONER



Name  
in  
Full

William H. D. Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

White Haven

County

Wisconsin

MARYLAND

Date  
of death

1908

Month

Feb

Day

21

Years

6

Months

29

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Grensbury D. Rose

Father's  
Birthplace

"

Mother's  
Maiden Name

Mary E. Whigale

Mother's  
Birthplace

"

Name of person giving  
Information

Grensbury D. Rose

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Acute Catarrhal Bronchitis

How long

3 days

Immediate

Asphyxia

How long

few hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

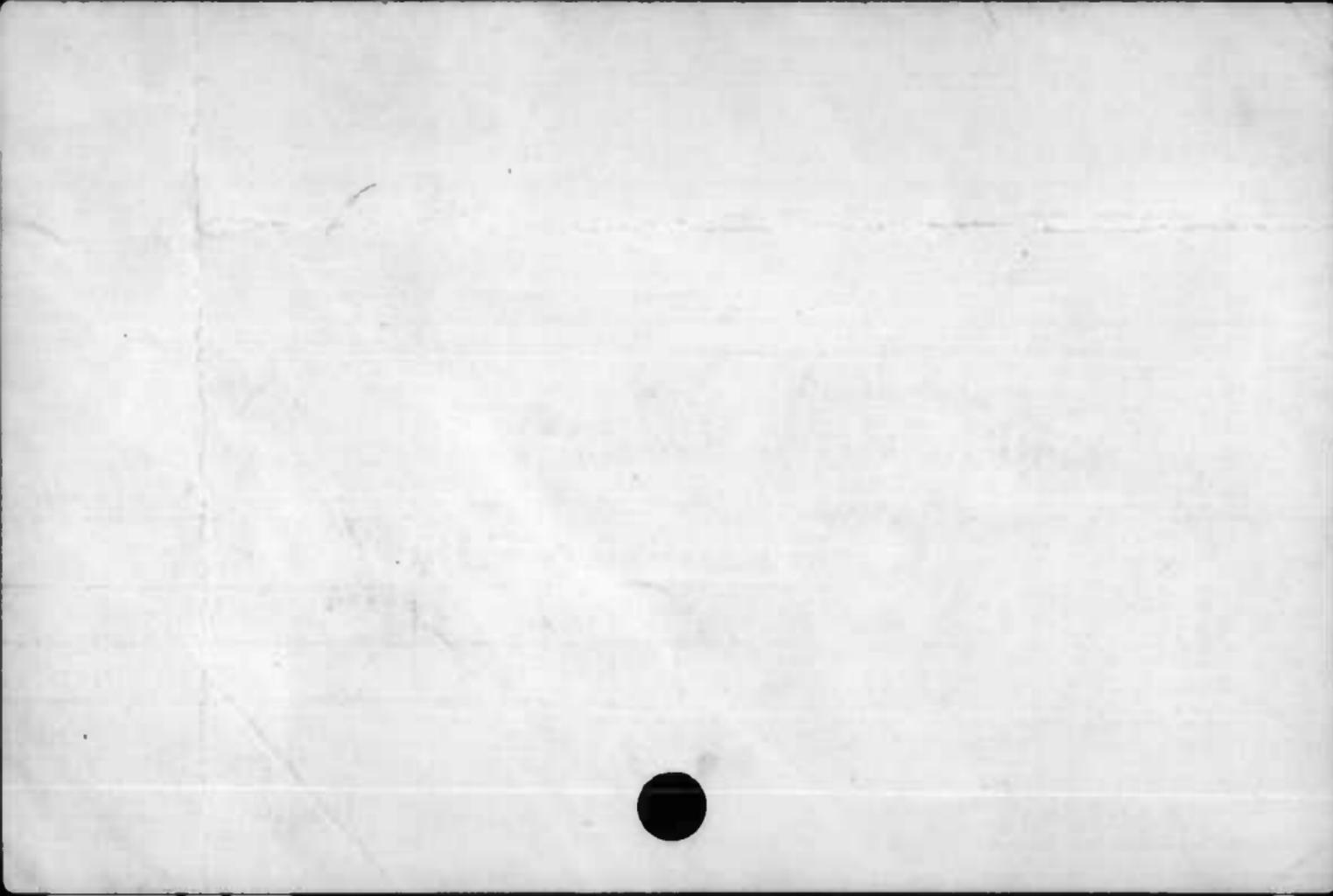
Signature of  
Physician

Geo. H. Betson, M.D.  
Baltimore, Md.

Address

Accident or Suicide?

H  
PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

James Robbins					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Birth-place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife— Husband	Ella Williams					
Father's Name	George Williams						
Mother's Maiden Name	Harriet Robbins						
Name of person giving information	Annie Robbins						

CAUSES OF DEATH

67

How long

PHYSICIAN  
OR CORONER

Primary

Senility.

Immediate

Progressive Paralysis

How long

6 months.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Altwood R. Potter  
Salisbury, Md.

H

Accident or Suicide?

Holloman

Name  
in  
Full

Martha Woodson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1908	Feb	57	2
Age	Days		
Sex	Color or Race	Birth-place	
Female	Black	Del	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Handy Woodson	
Married		Del	
Father's Name	Dennis West		
Mother's Maiden Name	Julia A. Collins		
Name of person giving information	Mary Whaley		
	Daughter.		

CAUSES OF DEATH

17

How long

8 years

How long

few hours

PHYSICIAN  
OR CORONER

Primary

Pancreatitis, humor

Immediate

Inj Koch - following removal

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Physician  
Salisbury Md

H

Accident or Suicide?

IN

Prost Volcanology 100

Mr. John L. Brumley

See Appendix

Figures

Young 2000

Name  
in  
Full

John W Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u>		Town	County <u>Micromic</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>28</u>	Age <u>77</u>	Years	Months <u>4</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Bethel</u>				
Occupation <u>Labored</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Ann Wright</u>					
Father's Name <u>Freands Wright</u>	Father's Birthplace <u>Bethel</u>					
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Bethel</u>					
Name of person giving information <u>Ann Wright</u>	How related to deceased <u>wife</u>					

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Valvular Heart trouble

How long

15 years

Immediate Heart failure

How long

dust.

Are the name, age, sex, color, date and place correctly given above?

Yes

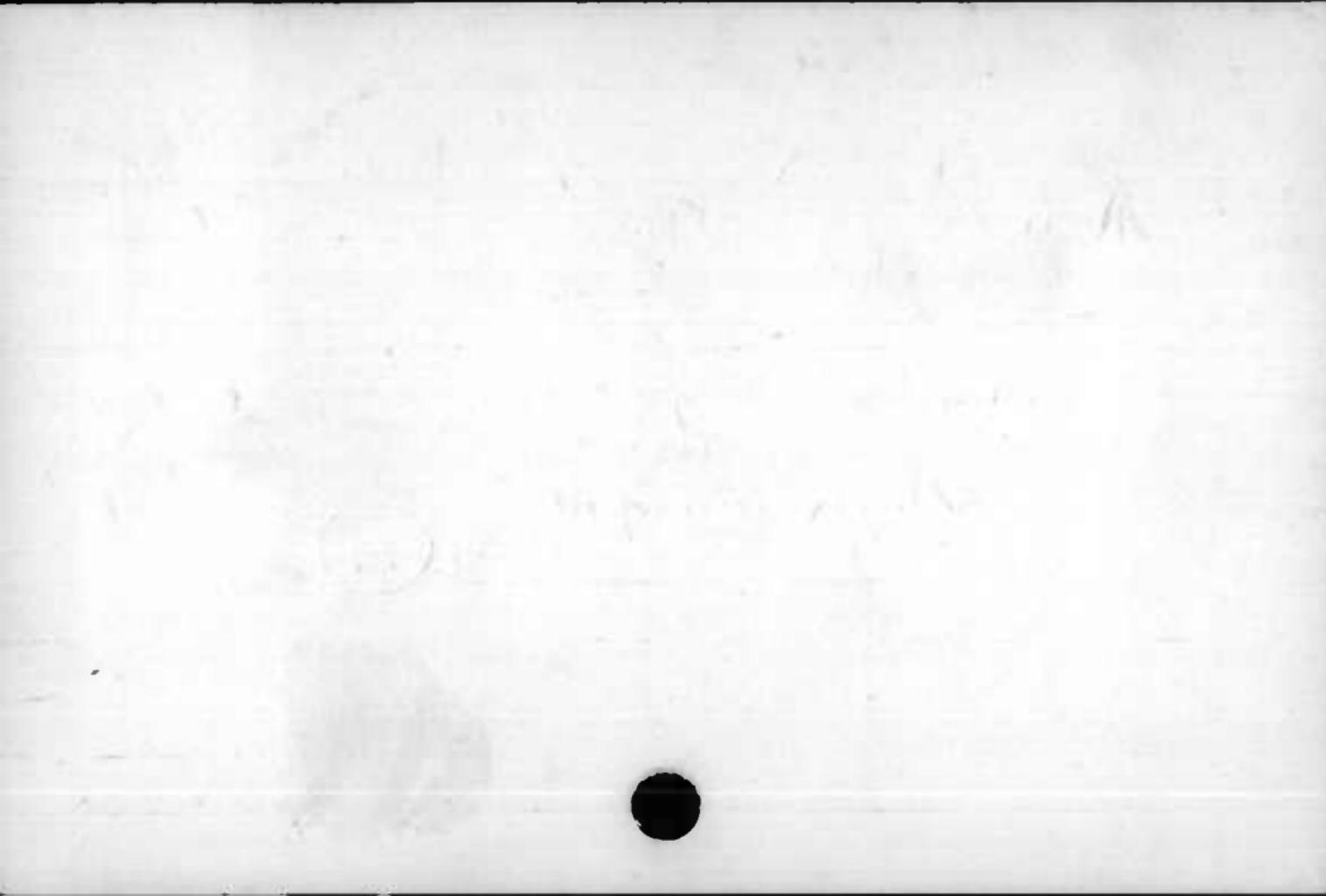
Signature of Physician

Address

O.B. Potter  
Salisbury Md



Accident or Suicide?



Name  
in  
Full

Mary E Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Shapley</u>		Town	County <u>Wisconsin</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>19</u>	Age <u>35</u>	Years <u>35-</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dorchester Co</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Wright</u>					
Father's Name <u>Mr Mc Williams</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Rhoda Lankford</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>John Wright</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

27

Primary	<u>Gastric Tumor</u>		How long <u>7 years.</u>
Immediate	<u>Tuberculosis?</u>		How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>H. W. Gossage</u>	
		Address <u>Shapley &amp; Wm</u>	
Accident or Suicide?			

